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DATE: November 24, 2004

TO: Commissioner for Patents
Attn: Examiner Estrada, Angel R.
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Glenn M. Seager

OUR REF: 1036.1101103
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Total pages, including cover letter: 10

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Title of Document Transmitted: Amendment AF
Applicant: Craig A. Jacks
Serial No.: 10/677,020
Filed: October 1, 2003
Group Art Unit: 2831
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By: _____
Name: Glenn M. Seager
Reg. No.: 36,926

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Name: JoAnn Lindman

_____
Signature

11-24-04
Date

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number: 10677020

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	23	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	23 minus 20=	* 3
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT	☐	

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐			OR	OTHER THAN SMALL ENTITY	
RATE	FEE			RATE	FEE
BASIC FEE	385.00		OR	BASIC FEE	770.00
XS 9=	27		OR	XS18=	
X43=			OR	X86=	
+145=			OR	+290=	
TOTAL	412		OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 23	Minus	** —	=
Independent	* 2	Minus	*** —	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	☐			

SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE
XS 9=			OR	XS18=	
X43=			OR	X86=	
+145=			OR	+290=	
TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 23	Minus	** 23	=
Independent	* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	☐			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	11-24-04 CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 23	Minus	** 23	=
Independent	* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	☐			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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